

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>New American Jobs Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00625533	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Terra Strategies, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2016</b>		
Mailing Address 100 East Grand Ste 380			Amount <b>168950.00</b>		
City Des Moines	State IA	Zip Code 50309-1801	Transaction ID : <b>E5149E1B5D9F14D9389C</b>		
Purpose of Expenditure Field Canvass Consulting		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Cortez Masto, Catherine, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>781051.99</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Printex, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2016</b>		
Mailing Address 35C Industrial Parkway			Amount <b>483.32</b>		
City Woburn	State MA	Zip Code 01801-1914	Transaction ID : <b>E78786EB5B65747EA87E</b>		
Purpose of Expenditure Arm Band Reflectors (Estimate)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Cortez Masto, Catherine, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>781051.99</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>169433.32</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Collins, Patrick, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 30 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
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NAME OF COMMITTEE (In Full) <b>New American Jobs Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00625533	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mack-Sumner Communications, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2016</b>		
Mailing Address 2001 N Beauregard St Ste 420			Amount <b>7800.00</b>		
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : <b>E162292DA20EF48BE87E</b>		
Purpose of Expenditure Door Hangers		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Cortez Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Mack-Sumner Communications, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2016</b>		
Mailing Address 2001 N Beauregard St Ste 420			Amount <b>14915.98</b>		
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : <b>EA91C5B3356754A529D2</b>		
Purpose of Expenditure T-Shirts		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Cortez Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>22715.98</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Collins, Patrick, , ,

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**(Schedule E)**PAGE 3 OF 3  
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mack-Sumner Communications, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2016</b>	
Mailing Address 2001 N Beauregard St Ste 420		Amount <b>12245.00</b>	
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : <b>EF966229694854F1399A</b>
Purpose of Expenditure Door Hangers	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Cortez Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>12245.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>204394.30</b>

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**10 / 30 / 2016**

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